

STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF LEGAL AND REGULATORY SERVICES

BUREAU OF LICENSING & CERTIFICATION

129 PLEASANT STREET, CONCORD, NH 03301-3857 603-271-9025 1-800-852-3345 Ext. 9025 FAX: 603-271-4782 TDD Access: 1-800-735-2964

Massachusetts Dept. of Children & Fam Attn: CORI Unit	nilies	
600 Washington Street, 6 th floor		
Boston, MA 02111		
RE: Request for Central Registry of child	l abuse and/or neglect reports	
I,and Families to provide information co		ssachusetts Department of Children gistry of child abuse and/or neglect
reports to the State of New Hampshire	, Department of Health and H	uman Services, Office of Legal and
Regulatory Services, Child Care Licer	nsing Unit, 129 Pleasant Stree	et, Concord, NH 03301. I further
certify that the information below is cor	rect to the best of my knowled	ge.
APPLICANT SIGNATURE		DATE
APPLICANT/EMPLOYEE IN	NFORMATION (PLEASE TY	PE OR PRINT LEGIBLY)
LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME & ALL	DATE OF BIRTH	SOCIAL SECURITY
ALIAS NAMES		NUMBER
(IF APPLICABLE)		
TOWN(S) IN MASSACHUSETTS	THAT I HAVE LIVED IN WIT	THIN THE PAST FIVE YEARS

Please return the above individuals Central Registry of child abuse and/or neglect results to: Mychelle Brown, Executive Secretary, 603-271-9025 Fax: 603-271-4782

If you have any questions regarding this letter please contact our office at 603-271-9025.

Sincerely,

Melissa Clement Unit Chief

Child Care Licensing Unit